

C. M. A. DEPARTMENT OF PUBLIC RELATIONS

An open forum for progress notes on the department's activities, and for brief discussions on medical economics. Correspondence and suggestions invited. Address Walter M. Dickie, Room 2039, Four Fifty Sutter Street, San Francisco. This column is conducted by the Director of the Department.

MEDICAL SERVICE STUDY OF CALIFORNIA MEDICAL ASSOCIATION

The Council of the California Medical Association at its meeting held in Los Angeles, September 24, considered the report of the Committee on Public Relations, as presented by the chairman, whereby component county medical societies, by two-thirds majority of its membership, might adopt one of four suggested types of medical and hospital service on a periodic payment plan.

The following principles were adopted which must be embodied in any approved plan undertaken by local societies:

1. The plan shall include an insurance principle whereby the beneficiary pays at periodic intervals specified sums to be used for defraying the expense of his illness.

2. Medical or hospital service shall be considered separately from indemnity for disability. The service in the beginning shall be limited to professional attendance only.

3. The sole control of any organization for medical service must be limited to members of the profession.

4. Compensation for professional services—medical or surgical—shall be on the unit basis.

5. Professional service under any plan adopted shall be limited to the membership of a component county medical society or groups thereof endorsed through its official organization by two-thirds majority of its members. No plan shall be adopted or put into effect except with the approval and under the direction of the Department of Public Relations.

6. The beneficiary member shall have the right to the selection of any physician or surgeon from the entire membership of the county society or group thereof that participates in the plan.

In addition to the six principles enumerated above, the Council adopted a seventh principle as follows:

7. No member of any county medical society, participating in an approved medical service plan, shall be entitled to any compensation for medical or surgical service rendered by him to any beneficiary member unless rendered by him personally and directly and without the intervention of any doctor of medicine as an associate, assistant, or otherwise unless the service of more than one doctor of medicine is necessary or advisable in the opinion of the professional administrator in charge.

The Council, on recommendation of the Committee on Public Relations, approved the use of the following types of medical service by component county medical societies or portions thereof:

- (a) Medical and surgical service only by members of a component county medical society through a medical service firm substantially as set forth in the reports and forms prepared by the Association's legal counsel.

- (b) Hospital service only through a membership corporation controlled by members of component county medical societies substantially according to the above forms.

- (c) Medical and surgical service and hospital service by a and b jointly.

- (d) Medical and surgical service by such medical service firm and hospital service by an organization controlled and operated by hospitals.

Any component county medical society or portion thereof that has received the approval of the local society as above stated may render service by comply-

ing with the principles as laid down by the Council. Forms (some of which have been tentatively formulated) will be prepared by the legal counsel of the Association, through which any component county medical society may put into operation any plan suggested. Any proposed plan of organization adopted by a component county medical society must be approved by the California Medical Association, acting through the Department of Public Relations.

MEDICAL SERVICE PLAN

Medical and surgical service will be rendered by means of a copartnership composed of a fixed number of general partners selected by the component county medical society and the remaining members of the county medical society participating in the plan will act as assistants to or associates of the general partners. All services will be rendered on a unit basis. A tentative draft of copartnership agreement and contract for medical and surgical service has been prepared.

The terms of this contract will prescribe and determine the injuries and illnesses covered, extent of service, etc. All Workmen's Compensation cases are excluded.

HOSPITAL SERVICE PLAN CONTROLLED BY COUNTY SOCIETY

Hospital service will be rendered by a corporation, incorporated under the laws of the State of California, for the purpose of furnishing and supplying beneficiary members with hospital and nursing service on a monthly payment plan through existing approved private hospitals.

The corporation will consist of administrative and beneficiary members. Only members of the county medical society in good standing are eligible for administrative membership. Voting and other rights and privileges of each administrative member will be equal to that of every other administrative member and he will be entitled to vote on all matters. The administrative members will elect from their own members a board of directors. The board of directors shall appoint a medical director. Thus the conduct and management of the hospital corporation will be placed solely in the hands of the medical profession.

Beneficiary members will be those who meet the necessary qualifications, namely, that they shall have lived in the county ——— months and shall have been engaged in a gainful occupation for a certain period of time. Their net income from such occupation shall not exceed a given amount, namely, \$2000 a year. They shall have passed a physical examination by a designated administrative member. Beneficiary members will be liable for the payment of monthly dues in such amount, form and manner as may be designated in the by-laws of the corporation.

Certificate of beneficiary membership is merely a form of contract which the individual receives who passes a physical examination and becomes entitled to hospitalization, namely, the operating room, ward bed, board and regular nursing service on the payment of the stipulated monthly dues to the ——— County Mutual hospitals. Certain restrictions are made in the issuing of a certificate of membership, and the service will not include ambulance, private room, private nurse, physiotherapy, laboratory tests or service, x-rays or dental x-rays, drugs, medicines, dressings, appliances or bandages. The length and extent of hospital service must be approved by the medical director and in no case will exceed twelve weeks for

any one illness or accident. — County Mutual hospitals will not be required to furnish hospital service for such accidents and sicknesses as are commonly excluded in similar health policies. All Workmen's Compensation cases are excluded.

The — County Mutual hospitals will have authority to provide and set up the necessary machinery to furnish the beneficiary member with approved hospital service, and to contract for said hospitalization with existing approved hospitals and to establish an administrative office for accepting applications from beneficiary members, receipts for monthly payments, actuarial and statistical departments, credit department, etc.

No plan of organization for hospital service controlled by hospitals on a periodic payment plan has as yet been projected, but the committee is now at work on such a plan.

Through the action of the Council of the California Medical Association, in approving certain fundamental principles, the component county medical societies, if they so desire, may formulate plans for giving one of the four types of service. The tentative plans of organization and organization forms and the assistance of the Department of Public Relations are available to the officers of any component county society that may wish to study or inaugurate such service.

ALAMEDA COUNTY INSTITUTIONS COMMISSION TAKES FULL CHARGE OF ALL INDIGENT SICK*

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On August 23, 1932, the Board of Supervisors of Alameda County placed the entire responsibility for the medical care and dental care of all indigents under the County Institutions Commission and under the immediate executive administrative direction of the county medical director. Previous to this time the outrelief covering the care of indigents had been handled through private organizations or corporations. These private organizations had operated health centers in various parts of Alameda County and in a large measure the money for their maintenance and support had been supplied from taxes by appropriation by the Board of Supervisors.

HEALTH CENTERS CARE ONLY FOR INDIGENT SICK

Health Centers have been established in Berkeley, Oakland, Alameda, San Leandro, Hayward, Centerville, Livermore, Pleasanton, and at the Children's Hospital. These health centers in addition to carrying on the work of indigency have also carried on certain other public health activities, a necessary service for the community but beyond the demands made for the relief of indigents.

SUPERVISORS ADOPT ORDINANCE

The ordinance adopted requires that the expenditure of county funds shall apply only to the care and treatment of "indigent sick" and "dependent poor," and on this basis the county has taken over the operation of the clinics as out-patient departments of the county hospitals and have adopted as a guide for the relief of the "indigent sick" and "dependent poor" the following regulations governing indigency:

Ordinance No. 250, passed on August 23, 1932, by the Board of Supervisors of Alameda County places all medical care of the "indigent sick" and "dependent poor" under the County Institutions Commission, these being the only persons for which the county offers free medical care.

* See, also, an article on this subject by Dr. Daniel Crosby of Oakland, which is printed in the Miscellany department of this issue of California and Western Medicine, page 354.

* From the department of the Medical Director of the Alameda County Institutions Commission.

DEFINITION OF "INDIGENT SICK" AND "DEPENDENT POOR"

The Institutions Commission has adopted the following definition for the terms "indigent sick" and "dependent poor":†

Such persons must be without sufficient resources to pay for private medical care; their responsible relatives must be without such resources; and by paying for private care these persons or their relatives would be deprived of the necessities of life. The term "responsible relatives" is used as defined in the Pauper Act of the State of California.

Ability to pay for private care would be determined by the illness which the patient has at the time of his application at the clinic. Those eligible for clinic care include sick persons of the following types:

1. The "dependent poor," with no income whatever, and persons who are not dependent, but who have only sufficient income for the bare necessities of life.

2. Persons with a small margin above the necessities of life. This margin would be sufficient to provide private medical care for some types of illness, and insufficient for others. A family might be able to provide medical care for one member with a minor illness, and be eligible for clinic care for another member whose treatment was prolonged and expensive. Patients in this group would be expected to purchase drugs, appliances, etc., privately whenever possible.

The ownership of luxuries and unnecessary articles or equipment would render a person ineligible if the market cash value of such things were sufficient to pay for private care.

If discontinuance of payments on radio, automobiles, or other luxuries would release money for private care, the patient would also be considered ineligible.

It will be the policy of the responsible clinic operated in the health centers to assume responsibility for certain necessary social service which may arise when patients are found ineligible.

Workers should have available information in order that they may recommend to ineligible patients methods of solving their problems independent of care for which the county has been asked to provide. Patients should be advised as to hospitals that will care for patients based on the ability of the patient to pay; a list of physicians should be available who will care for such patients at minimal rates. The necessary procedure should be in the minds of workers to permit the commencement of deportation procedure or the transfer of cases to other counties when other counties must assume responsibility and also the methods of contacting other governmental agencies when such patients may be entitled to care under such jurisdiction.

WORK OF COUNTY PHYSICIANS

County physicians will serve indigent patients in their homes when calls are placed with the physician by recognized welfare agencies and clinics operated in health centers. The county medical society will supply to the medical director lists of private physicians who will make home calls and charge the patient according to his ability to pay. Families or patients who are unknown as to the determination of eligibility will be referred to private physicians in practice. If it is found that these private physicians are unable to continue the treatment required because of the inability of the patient to pay, on their recommendation the responsible worker in the clinic will arrange for care such as may be necessary, by the county physician, care at the clinic, or care in the county hospitals. The private physician's statement that the patient cannot pay will serve as a basis for investigation as to whether the patient should be handled at the expense of the county. Only known charity cases who are definitely indigent will be referred to county physicians for original calls.

For many years Alameda County has supplied certain home care by physicians designated county physicians who have served the patients in their homes on a fee basis and who were responsible directly to the supervisor in the district that he served. In connection with this change these county physicians have been made regular county employees and a salary covering part-time service is now being paid to them.

† The March 1931 issue of California and Western Medicine, page 219, discusses inclusions coming under the Pauper Act of California.

Their calls, however, are to be confined to indigent cases and they are attached to the office of the medical director for service covering the demands of indigency throughout the county.

It has been undoubtedly true that many families have had the services of county doctors without the showing of indigency and numerous calls have been made to families where, had a more adequate control been exercised, the family could have paid the private physician for the care of such cases.

RESOLUTION OF ALAMEDA COUNTY MEDICAL ASSOCIATION

With this new reorganization in Alameda County there remains a class of patients formerly treated at the health centers and by county physicians who are not eligible to this care under the terms of indigency as defined in this communication. The County Medical Association, through its Executive Council, at a recent meeting adopted the following resolution:

WHEREAS, It has come to the attention of the Council of the Alameda County Medical Association that certain changes have taken place in connection with the work performed by the county doctors, its county physicians, and the consideration that they have given to "indigent sick" and "dependent poor"; and

WHEREAS, Public Health centers have, up to this time, cared for certain patients for whom certain fees have been taken, and who appear to be not eligible for care at the expense of the public, under the Indigency Act, of the State of California; and

WHEREAS, The county profession realizes the importance of maintaining a service for patients that are not able to pay a full fee,

Therefore, it appears to be necessary to establish a plan whereby certain patients formerly cared for at health centers, who do not technically fall under the term indigency, and at the same time require attention at the hands of reputable physicians, and whose care should be assumed at a price within the ability of the patient to pay; therefore be it

Resolved, That the Alameda County Medical Association agrees to establish a list of physicians who will volunteer to accept calls for such classes of patients and to render service when called in cooperation with the established official county agencies and centralized social service as established in Alameda County and according to such additional plans as may be adopted.

ACTION OF ALAMEDA COUNTY SOCIETY

On the basis of this resolution the county society has asked for physicians to volunteer to care for patients in their homes or in their offices and charge such patients on the basis of the patient's ability to pay. It requires the solution of numerous problems in order that this plan shall succeed, but the Council of the Alameda County Medical Association is devoting its time and effort to the development of this plan in order that fundamentally the practice of medicine shall remain in the hands of the physicians who are practicing medicine.

The families who are not known to recognized charitable agencies who request such agencies to supply them a physician will have such a call referred to a member of the Alameda County Medical Association with the understanding between the prospective patient and doctor that he will make that original call, supply the professional services demanded by such a call and charge the patient a fee that the patient will be able to pay. After all such calls forwarded from recognized agencies, the physician will render a brief report covering such information as he may be able to obtain to a central bureau operated by the county for further investigation as to the patient's financial and social standing in order that a complete determination can be made as to whether the patient is entitled to charity and free medical attention. If the doctor who has been sent on the case can work out the problem with the patient, then he is retained on the case by the patient and the case becomes a part of his own private practice. If he finds that the patient's financial and social condition is such that it is properly an indigent case, he may refer the patient to (1) the clinic operated; (2) the hospital operated by

the county for charity cases; and/or (3) the county physician paid by the county to care for indigent cases. Fundamentally, the basis of this plan is to keep the practice of this type of cases in the hands of the physicians in practice rather than for the original care to be assumed by the county.

A great deal of attention has been directed toward the supplying of drugs and the filling of prescriptions at a price that the county may be able to pay. The Alameda County Pharmaceutical Association has been invited to participate and has indicated their willingness to do so. They propose, subject to the development of details, that a basic rate shall be made for the handling of such prescriptions at a price in line with the patient's ability to pay and special discounts will be made on the subject of the recommendation of the physician who has seen the patient and who will continue in charge of the case. Drug stores scattered throughout the territory will be listed so that the patients and the physician may know the service that might be rendered in connection with the handling of this problem.

Likewise, the dental organizations in the county have developed a special service through an independent body, but sponsored by the dental organizations, to care for the dental work which patients require and demand and for which a charge based on the ability of the patient to pay will be made.

"The physicians, the dentists, and the druggists are working harmoniously with Alameda County in our joint efforts to solve this problem. As it nears solution, the plan presents the answer to many of the difficulties which now beset the practice of medicine and the county hospitals and clinics filled to capacity with patients unable to pay regular fees." The hospitals throughout the country are giving serious attention to the same problem with the hope that hospital care may be also offered along similar lines.

State Fair Health Exhibit.—As in former years the State Department of Health will have a health exhibit in the departmental building, incident to the annual State Fair, August 29 to September 3. The location will be the same as last year, although the building allocated for the purpose provides rather cramped quarters for such use.

In general, the exhibit will follow the lines of other health exhibits in recent years, as finances of the department will permit little in the presentation of new material or new ideas, all of which involve considerable initial cost. One new phase will be of especial interest to visitors from rural territory and to tourists. There will be shown a replica of development and equipment required in installing water supply wells under Seal of Safety standards, as perfected last year in providing water supplies in the drought-stricken hill counties under a special legislative appropriation and as now being carried on by the State Department of Highways.

There also will be a showing of charts that will focus public attention on the great number of unnecessary casualties and deaths incident to automobile traffic.

All the divisions and most of the bureaus will display the progress of their work in charts and graphs designed to present them in the simplest and most effective form. Those relating to communicable diseases and infant and child hygiene will be of especial interest. Samples of departmental literature will be displayed, with lists on which those interested may check what they need and have it sent to them.—*Ohio Health News*.

Standardization of Fire Equipment.—The Division of Fire Safety reports that thirteen counties of California are in the ideal condition for flame-fighting, because all the appliances are uniform, and that in four other counties the work will soon be completed. The objective is not to standardize the couplings and all the other things necessary in putting out fires in the five years granted by the legislature, but within two years.